

State of New Mexico
 Voucher Batch Report
 Business Unit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD
 AsOfDate 08/22/2012
 Voucher Vchr VchrlneDeact

0000193848 8/27/12

Number	Line	Line#	Description	Fund	VendorName	Withhold	Accounting Period	PurchaseOrder	Invoice Number	Total Amount
00306088	1 I/S Meals & Lodging	1	542200 Employee I/S Meals & L	06101	ADAMS RICH-001		2013 08	0000092327	Adams, R. 8.13-8	570.00
Total For Voucher										570.00

Summary | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

Business Unit: 66500
 Voucher ID: 00306088
 Voucher Style: Regular
 Invoice Number: Adams, R. 8.13-8.17.12
 Invoice Date: 08/13/2012
 Total: 570.00

Vendor: ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 RUIDOSO, NM 88345

*Pay Terms: Pay Now ☐ Schedule Payments ☐

Payment Information Find | View All First 1 of 1 Last

Scheduled Payment: 1
 *Remit to: 0000097303

Location: 001
 Gross Amount: 570.00 USD
 Discount: 0.00 USD ☐ Discount Denied

*Address: 1
 Late Charge

ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 103 KANSAS CITY RD
 RUIDOSO, NM 88345
 Scheduled Due: 08/13/2012
 Net Due: 08/13/2012
 Discount Due:
 Accounting Date:

Payment Method
 *Bank: WFB10
 *Account: B
 *Method: ACH ACH
 Pay Group:
 *Handling: RE
 *Netting: N
 Messages

Message will appear on remittance advice.

Summary **Invoice Information** **Payments** **Voucher Attributes** **Error Summary**

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Invoice Number: Adams, R. 8.13-8.17.12

Voucher ID: 00306088

Invoice Date: 08/13/2012

Voucher Style: Regular

Total: 570.00

Voucher Processing☒ Post Voucher☐ Close Voucher☒ Revalue Voucher☐ Delete Voucher**Accounting Instructions**

*Accounting Template: STANDARD

Account At: Gross

Match Action

*Status:

Ready

☐ Pay UnMatched Voucher**Transaction Currency**

*Source:

Tables

*Currency: USD

Rate Type: CRRNT

Exchange Rate: 1.00000000

Voucher Approval

*Approval:

Specify at this Level

Business Process: PROCESS_VOUCHERS

Approval Rule Set: Payment Approval Rule Set 1

Self Billing Invoice

*SBI Num Option:

Group Vouchers (Auto-Nur

SBI Number:

Prepayment

Prepayment Reference:

☐ Automatically Apply Prepayment☐ Postpone Withholding**Letter of Credit**

Letter of Credit ID:

**Tax Group**

Saved

AGENCY New Mexico Department of Health
NAME

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE 2
DATE 8/13/12
AGENCY CODE 66500
VOUCHER NUMBER 00306088

NAME Richard Adams

CAR LICENSE NUMBER GS1984

SOCIAL SECURITY NUMBER 97303

MODEL Nissan

NORMAL WORK DAY 8am to 5pm

YEAR 2011

POST OF DUTY
Ruidoso

RESIDENCE
Ruidoso

PROPOSED
(ADVANCE VOUCHER)

☐

ACTUAL
(RECOUPMENT VOUCHER)

☒

DATE

CHARACTER OF EXPENDITURES

ODOMETER READINGS

AMOUNTS

TIME SHOW AM OR PM

ENTER DESTINATION, NATURE, OF OFFICIAL
BUSINESS, PARTY CONTACTED AND MISCELLANEOUS

ENTER START
AND FINISH

NO. OF
MILES

MILEAGE

PER DIEM

MISCELLANEOUS

TOTALS

8/13/12

7:00am

Depart Ruidoso to Santa Fe to meet with Cabinet Secretary
and also attend Governing Board meetings in ABQ.
Overnight
Santa Fe rates apply*

135.00

135.00

8/14/12

Overnight
Santa Fe rates apply*

135.00

135.00

8/15/12

Overnight
Santa Fe rates apply*

135.00

135.00

8/16/12

Overnight
Santa Fe rates apply*

135.00

135.00

8/17/12

7:00pm

Depart Santa Fe to Ruidoso
partial day per diem-12.0 hrs

30.00

30.00

PER DIEM IS BASED ON (CHECK ONE)

ACTUAL

☐

APPROVED RATES

☒

Employee Signature

Date

I certify that any payment sought on this voucher does not include
reimbursement for alcoholic beverages; I further certify that no further
payment will be sought for the travel/training covered by this voucher.

TOTALS

570.00

570.00

Advance Amount
@ 80%

Adjusted
Reimbursement

☒ Check here if this claim is in compliance with the Nonroutine Reassignment provisions
of the DFA regulations Governing the PerDiem and Mileage Act.

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LAST MODIFIED ON: 08/09/2012 15:44

(1) DFA COPY

(2) ACCOUNTING COPY

(3) VENDOR REIMBURSEMENT

(4) ORIGINATOR COPY

1. Richard Adams

do solemnly swear that the above claim for reimbursement is just and true in all respects and complies with the
DFA Regulations Governing the PerDiem and Mileage Act.

PAYEE SIGN HERE X

Richard Adams
8-20-12

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	☒ Check if state vehicle		☐ Check if personal vehicle		License #:	GS1984
	Year:	2011	Make:	Nissan	Model:	Altima

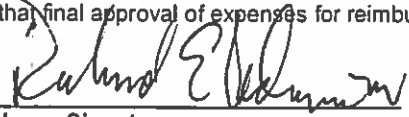
Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name: Meetings in Santa Fe and ABQ for Governing Boards					
	☒ Check if training is required			☐ Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	08/09/12	Destination: Santa Fe & ABQ					
	Departure Date: (month/day/yr)	08/13/12	Time:	07:00 AM	Return Date: (month/day/yr)	8/17/12	Time:	07:00 PM
	☒ In-State ☐ Out-of-State ☐ Training ☐ Time Only ☐ *Actuals ☐ No cost to State/Paid By:							

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only:	4 @ \$135/day	\$ 540.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 570.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 570.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.


 Employee Signature _____ Date 8/13/12

Supervisor/Bureau Chief Signature _____ Date _____


 Cabinet Secretary Signature _____ Date 8/15/12

Division Director/Hospital Administrator _____ Date _____
 (As per specific division requirements)

(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)